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REISSUE APPLICATION DECLARATION BY THE INVENTOR	290-103R					
I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent numberUS6,567,993B2, granted MAY 27, 2003,						
and for which a reissue patent is sought on the invention entitled						
the specification of which						
is attached hereto.						
was filed as reissue application						
and was amended						
(If applicable)						
I have reviewed and understand the contents of the above identificates as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to 37 CFR 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119 form PTO/SB/2B (or equivalent) listing the foreign applicati						
I verily believe the original patent to be wholly or partly inoperative below. (Check all boxes that apply.)	or invalid, for the reasons described					
by reason of a defective specification or drawing.						
by reason of the patentee claiming more or less than he had	the right to claim in the patent.					
by reason of other errors.						
At least one error upon which reissue is based is described below reissue, such must be stated with an explanation as to the nature	•					
Applicant and his attorney failed to appreciate the scope of the invention. T might limit the claim. The true scope of the invention of claim 9 is the pad a environment.	the reference to soccer player's head in claim 9 as stated without reference to any use or					
•						

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/51 (06-03)
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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) Docket Number (Optional) 290-103R							
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this							
Name(s) Registration Number Joseph E. Mueth 20,532							
Correspondence Address: Direct all communications about the application to:							
Customer Number							
OR							
⊠ Firm or	Joseph E. Mueth Law Corporation						
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Telephone (626) 584-0396 Fax (626) 584-6862 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on							
information and belief are believed to be true; and further that these statements were made with the knowledge							
that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent							
issuing thereon, or any patent to which this declaration is directed.							
Full name of sole or DONALD R. ROBER	r first inventor (given name, family name	·)					
Inventor's signature	//n	Date 9/11/03					
Residence 170 W. S	State Street, Pasadena, CA 91105	asadena, CA 91105 Citizenship US					
Mailing Address							
Full name of second joint inventor (given name, family name)							
Inventor's signature	rentor's signature Date						
Residence		Citizenship					
Mailing Address							
Full name of third joint inventor (given name, family name)							
Inventor's signature	;	Date					
Residence		Citizenship					
Mailing Address							
Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached							